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## HEMATURIA\*

### With Special Reference to the Importance of an Early Recognition of the Conditions Causing it

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There is no symptom of genito-urinary tract pathology which has a more varied etiology or calls more urgently for prompt diagnostic investigation than the presence of blood in the urine. At all times, in either sex, it should be regarded as a danger signal, heralding the fact that at some point in the urinary tract there is a pathological condition, the neglect of which may seriously endanger the life of the patient. Unlike pyuria, it rarely escapes the patient's notice and usually sends him posthaste to his medical adviser. It occurs, not uncommonly as a solitary phenomenon, unaccompanied by other symptoms. In its onset, it may be so severe and continuous as to exsanguinate the patient within a few days; or, as is more often the case, it may be slight, with recurrence at irregular intervals or it may be noted during a single urination.

The significance of hematuria is today generally recognized and the importance of early determination of its source and underlying pathology commonly appreciated. Fortunately the day has passed when hematuria was treated expectantly with rest and hemostatic agents. Experience has shown that irrespective of medication, it often ceases spontaneously and may not recur for months or even years. The sudden and complete disappearance of blood in the urine, particularly in the untreated case gives to many patients a false sense of security. Except in rare instances of excessive bleeding, we as physicians should regard the loss of blood as purely incidental and direct our activities to the prompt determination of its source and to the abnormal condition producing it. Viewed in the light of experience, particularly as concerns ma-

lignant disease it must often be regarded as a salutary symptom, in that it calls attention to the presence of pathology which might otherwise continue uninterruptedly its progress towards a fatal issue.

It is therefore incumbent upon us to proceed with the diagnosis at once. Contrary to the opinion which is unfortunately rather widespread among medical men, the time to examine the patient with hematuria is at the time of his bleeding. This is particularly important in cases whose hematuria is of renal origin. The postponement of the examination in this type of case until the urine is clear may very considerably add to the difficulties of diagnosis. Much valuable time may be lost and unnecessary instrumentation carried out before the diagnosis is made. There will of course be very definite exceptions to the rule, particularly in those cases of associated acute infections of the lower urinary tract. Hematuria of varying degree is common in acute posterior urethritis or gonorrhoeal origin. In such a case the history, the associated symptoms and the urinary findings make the diagnosis obvious. In other cases, however, presenting no contraindications to instrumental investigations, delay is indefensible.

Before proceeding with the examination it is well to take into consideration certain associated factors which if properly studied and appraised may supply valuable and informative data. A family history, particularly as concerns carcinoma, tuberculosis and hemophilic tendencies may furnish valuable leads to diagnosis. The idiosyncracies of certain individuals to various drugs and chemicals should also be borne in mind. A careful personal history will often elicit certain associated symptoms which directs particular attention to a certain portion of the urinary tract. Thus a history of gradually increasing obstruction to urination and urinary frequency, particularly in the early morning hours coupled with hematuria naturally directs attention to the prostate. Similarly a history of

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former attacks of renal colic, with or without associated hematuria is highly suggestive of calculus in the ureter or renal pelvis. A not uncommon syndrome observed in young men, consisting of daily frequency of urination, premature ejaculation and terminal hematuria occurs in certain cases of posterior urethritis, the source of the bleeding in this instance usually being an enlarged and much congested verumontanum. One could continue indefinitely with the recital of such diagnostic leads which a careful history furnishes. They should be regarded, however, as helpful only in so far as they direct attention to a particular level of the tract. The evidence furnished by the symptomatology in a given case is at best presumptive. Correct diagnoses are rarely made through the medium of conversation.

A routine method of investigation in general use among urologists, but rarely employed by physicians outside this specialty is the so-called three glass urine test—which consists of collecting the voided urine as three separate specimens at the time of the examination. If blood is present only in the first glass its origin is obviously urethral and in the male the source of bleeding will usually be found to lie distal to the external sphincter. In these cases, however, if the bleeding is at all profuse, blood will escape from the meatus independently of urination—as is true of the escape of pus in acute urethritis. The presence of blood in the posterior urethra, if slight in amount may appear only in the first glass, the second glass being clear, while the third which contains the last urine voided may be clear or bloody. Certain lesions of the posterior urethra and vesical orifice region may produce only a terminal hematuria induced by slight trauma of a lesion incident to the final expulsive efforts of urination.

The employment of this simple test often furnishes valuable data and enables one in certain cases to differentiate between hematurias of urethral origin and those arising in the bladder and upper urinary tract. It rarely however furnishes sufficient evidence for establishing a definite diagnosis and is usually to be regarded as supplementary to other diagnostic methods which leave no doubt as to the origin of the bleeding, and the nature of the pathology causing it.

A few weeks before receiving the invitation to read a paper before your Society, I examined a patient with hematuria who had consulted me twelve months before. At his original interview this patient, a man of 55 had noticed on two occasions the appearance of slight bleeding at the end of urination. Coupled with this symptom, was the history of daily frequency of urination and premature ejaculation. At the time of my examination the urine was clear and I was unable to find anything abnormal in the prostate and seminal vesicles, although the history strongly suggested the posterior urethra as a source of the bleeding. The patient refused cystoscopy and I did not see him again until a year later when cystoscopy revealed an early papillary carcinoma of the bladder whose close relationship to the vesical orifice probably explained his terminal hematuria a year previously. This patient had gone a year without recurrent bleeding and while his tumor was fortunately of a type which responded to nonoperative methods of treatment the year's delay certainly subjected him to a very considerable hazard.

Another case aged 60 consulted me on July 22, 1930. There was a history of intermittent hematuria dating from December 1926. This patient had been treated over a period of three and one half years by internal medication and dietetic regulations. At the time of my examination all three glasses of urine were very bloody and cystoscopy revealed in the vertex of the bladder a large, flat, nodular tumor which from its appearance had certainly infiltrated the bladder wall quite deeply. The case was not regarded as a type which would respond to endovesical therapy and a transperitoneal resection was carried out July 25, 1930. Recent examination of his case has shown a normal bladder, except for a slightly reduced capacity.

With these cases in mind I have gone over the last 100 cases of hematuria in my files. They have been taken in the order in which they presented themselves and are included in some 1300 histories. I have done this to see if by chance I regard hematuria with too great alarm and to determine if possible whether there is any considerable number of cases of hematuria whose bleeding have their origin in some relatively trivial cause which would justify a temporizing conduct of them.

In these 100 cases of hematuria the bleeding has had its origin as follows:

Bladder Tumors:

Non-infiltrating .....	22
Infiltrating .....	10
Benign Prostatic Hypertrophy .....	11
Carcinoma of the Prostate .....	4
Ureteral Calculus .....	8
Renal Calculus .....	7
Renal Tumor .....	3
Renal Tuberculosis .....	5
Vesical Calculus .....	3
Posterior Urethritis and Verumontanitis .....	7
Submucous Fibrosis (Bladder) .....	5
Ureteral Stricture .....	1
Urethral Stricture .....	1
Tuberculous Cystitis .....	2
Urethro-trigonitis .....	1
Hydronephrosis .....	1
Traumatic .....	2
Undetermined .....	6
Papillary Cystitis .....	1

In this series of 100 cases of hematuria there were 32 bladder tumors, all of which if not actually malignant should be considered potentially so. The more or less general confusion among urologists regarding the treatment of bladder tumors is in large measure due to their classifications. The pathologist usually classifies them on the basis of histological change or from their cytological differences. From the standpoint of the clinician these classifications are unsatisfactory, because not infrequently the tumor responsive to one type of treatment will appear microscopically the same as another tumor which requires an entirely different sort of therapy. In our experience the most practical classification is based upon whether or not the tumor is infiltrating. In the noninfiltrating varieties practically all will respond to endovesical methods of treatment which consist of surface application of radium, the application of the high frequency current or both. While the proportion of noninfiltrating tumors will vary somewhat depending on the series, they usually range between 40 to 50%. The results of treatment on the noninfiltrating varieties are excellent in so far as the destruction of the primary tumor is concerned. In the infiltrating type it is futile to attempt treatment by nonsurgical methods. If possible resection should be carried out as this method of treatment offers the greatest prospect of success. This is possible in comparatively few tumors of this type, because of their extent and location and the results in the vast majority of cases are

most unsatisfactory. I think there is no doubt that the time element has a great deal to do with the curability or incurability of bladder tumor and that the chances for cure are inversely proportional to the age of the tumor. There are no doubt cases of tumor which give no warning of their presence until they are definitely infiltrating, but I am sure that the investigation of the bladder tumor case which is carried out very promptly after the initial bleeding will in the majority of cases prove to be the type which is responsive to treatment.

In 25 cases in this series the origin of the bleeding was the kidney or ureter. Three of these cases were hypernephromata, the most common renal neoplasm; all of them were far advanced when nephrectomy was performed. The results following nephrectomy in early hypernephromata are excellent, but unfortunately in all but exceptional cases the tumor is most extensive when it is first recognized. This is due largely to the difficulties of diagnosis. In the early case there is little or no appreciable change in the size of the kidney, the renal function shows little or no impairment and the deformity of the pelvis upon which the diagnosis is largely based is not present.

Not infrequently these early cases of hypernephroma in which all tests and investigations show no abnormality other than the presence of blood, are classified as idiopathic hematurias. I feel that this diagnosis should be made only after a most careful and exhaustive study and then with considerable reservation. It is probable that if some of these undiagnosed renal hematurias were surgically explored shortly after the initial bleeding, many more early hypernephromata would be discovered.

In this series of cases there were 18 cases of calculus—7 in the kidney; 8 in the ureter and 3 in the bladder. The presence of stone in the kidney or ureter is certainly not always an immediate indication for surgical treatment. It is certainly true that many of the small stones pass either spontaneously or following suitable instrumentation. When the size of the stone is such as to permit its passage and repeated examinations reveal a definite progress toward the bladder it is perfectly safe to temporize with the case. In cases, however, in which the stone in the ureter is of a size which will prevent its passage through the mural portion of the ureter or



if it is incarcerated and fixed at a constant level in the tract, operation should be resorted to for its removal. The treatment to be recommended in renal calculus will depend in large measure upon the size of the stone, its location, the degree of obstruction it is causing and the presence or absence of infection.

Stones which lie in a position to interfere seriously with the normal emptying of the kidney should be removed surgically, and this is particularly true when there is a complicating infection.

There were five cases of renal tuberculosis in this series of 100 cases. The finding of the tubercle bacillus from one side is not necessarily an indication for an immediate nephrectomy, providing the bladder has not suffered involvement and the pyelogram shows no evidence of a definite cavity formation. In cases, however, in which the bladder symptoms are severe the removal of the renal focus is indicated, because of the risk of irreparable involvement if the focus in the kidney is allowed to remain. Experience has shown that when cavity formation in the kidney has been demonstrated, nonsurgical methods of treatment are unavailing.

There were 5 cases of submucous fibrosis noted in this series. This interesting condition produces all of the symptoms of intense cystitis. The urine, however, is usually clear and not infrequently negative microscopically. The bladder capacity in these patients ranges between 50 and 100 c. c. as a rule and when distention beyond this point is carried out the patient experiences intense suprapubic pain. Cystoscopy in the usual case when the bladder is not distended shows a comparatively normal mucosa. When, however, overdistention of the bladder occurs, the mucosa is torn at the site of the lesion and bleeding results. These lesions are usually localized and are frequently noted on the anterior bladder wall. The histological picture of the lesion differs in no essential from that seen in simple chronic cystitis, except for the formation of a dense scirrhous layer which replaces the submucosa in whole or in part. The mucous membrane overlying this fibrosis and firmly attached to it is subjected to marked stretching when the bladder is distended, which results in the formation of bleeding fissures. The condition is satisfactorily handled by the application of the high frequency current to the lesion.

Enlargements of the prostate both benign and malignant are not infrequently the underlying causes of hematuria. Contrary to the general opinion, however, the benign forms more frequently produce hematuria than the malignant. This is due to the fact that in the majority of cases carcinoma begins in the posterior lobe at a considerable distance from the urethra and vesical orifice, whereas in the benign hypertrophy the tumor lies just beneath the mucous membrane which not infrequently becomes congested during the straining efforts of urination and bleeding results.

A study of the 100 cases of hematuria presented in this series strongly emphasizes the fact that blood in the urine is usually significant of some grave disorder in the urogenital tract. In the majority of cases it is the earliest symptom of a pathological condition, the prompt diagnosis of which is of paramount importance. It is urged, therefore, that all cases of hematuria be subjected to careful study at as early a date as possible following the initial bleeding. The general appreciation among medical men of the seriousness of hematuria will contribute greatly to the recognition of many conditions in which early treatment is so essential.

## HIGH VOLTAGE THERAPY IN CANCER\*

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High voltage x-ray treatment, being one of the newer methods of treating carcinoma, may be of interest to the physician who sees these conditions first in his daily practice. As some of these cases are well advanced before he is consulted, the question arises what method of treatment would be the best. High voltage therapy, of course, does not take the place of surgery, or any other method of relief, but it does bring palliation (and sometimes a cure), when surgery is not indicated.

In patients with inoperable cancer of the uterus or of the urinary bladder, high voltage treatment gives better palliative relief than other methods. In all cases of carcinoma some method should be employed—surgery, high voltage, or radium—and if the inoperable ones

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can be relieved of pain and suffering then any or all of the palliative methods should be employed.

Last year, at the Delaware Hospital, was installed a modern deep therapy machine, delivering two hundred thousand (200,000) volts, with a water-cooled thirty milliampere tube, which delivers doses in any depth within the abdomen. This means a shortening of the time exposure, for an erythema dose, to about thirteen minutes. We know even with this new equipment there will be much expected of it, but, if it relieves the suffering, pain and distress better than some other method, the responsibility of the physician to his patient requires him, at times, to advise this method.

We have seen cases of inoperable carcinoma of the bladder, uterus, and other organs relieved and made more comfortable for long periods of time after high voltage treatment. It is gratifying to see cases of frequent bleeding, blood clots, pain, frequent urination, and foul smelling odors relieved after six or eight treatments. In the bladder cases, bleeding usually stops after five to six treatments, pain disappears, and the patient can go through the entire night without urination. In carcinoma of the cervix, pain, bleeding and discharge subsides, and the patient goes about her duties with much more comfort, even though the cancer is not totally destroyed.

As some tumors are more radio-sensitive than others, to get the best results from this form of treatment tumors should be graded, if possible. If biopsies are made of the tumors and the grade known before treatment is started, we can offer a much more accurate prognosis.

Recurrence of carcinoma of the breast, after operation is perhaps best treated by high voltage treatment. We have seen, also, that early x-ray treatment after operation delays recurrence; if recurrence does occur, it does not come on as soon as if no post-operative treatment was given. I believe that all breast cases removed by operation should be followed with a series of high voltage ray treatments, giving as much as two to three erythema doses, in divided areas on the anterior and posterior chest, as well as the axillary space, with the cross fire method.

We know that certain tumors are more sensitive to radiation than others, so therefore before

treatment a knowledge of the type of tumor should be known. The lymphoid group is highly susceptible to radiation. Some of the cells more easily destroyed by radiation, are the germinal cells; the epithelium of the skin, intestines, and hair follicles; and the rapidly reproducing cells of malignant tumors, as compared to benign tumors. Ewing gives the following classification according to their sensitivity.

1. Lymphoma
2. Embryonal Tumors
3. Cellular Anaplastic Tumors
4. Basal Cell Carcinoma
5. Demoplastic Tumor (as squamous carcinoma, fibro-carcinoma)
6. Adenoma and Adenocarcinoma
7. Fibroplastic Tumors (as sarcoma, osteosarcoma, nemosarcoma)

The cure or relief of carcinoma by radiation results from a nice adjustment between injury to normal cells and injury to tumor cells, assuring partial or complete necrosis of the latter, eliciting a reactive separative inflammation which removes tumor debris and often destroys the tumor cells.

We use the saturation method in roentgen therapy, which consists, according to Pfahler, in delivery of an erythema dose into the diseased tissue, and then maintaining this effect for a certain time by means of additional smaller doses, to correspond to the loss in effect during any given period. On the other hand, the irradiation is kept at the saturation point, or as nearly so as the normal tissues will permit. During the brief period of sensitivity of the malignant cells, and while these cells are still undergoing division, it is likely that the disease can be more completely destroyed. We stop irradiating a patient when we have given a total amount of radiation to the tumor area equalling two or two and a half erythema doses. It requires about ten days to reach full saturation by giving about twenty-five per cent of an erythema dose, three times a week. The patient is under treatment for twenty-six days, and is then asked to return in four to six weeks, when, if necessary another series of treatment is given.

The success or failure of deep roentgen-ray therapy in each case should be ascribed not so much to the specific action of the rays as to the judgment exercised by the radiologist in the selection of the dose and the method of adminis-

tering it. It is obvious that this judgment results from the knowledge possessed concerning the disease in each patient, and the effect of certain doses on such processes, which is obtained largely by experience.

I would like to quote Dr. Frank L. Rector, (Cancer Control in Michigan: *Jour. Mich. S.M. S.*, May, 1932), as follows:

"A cancer patient seldom if ever recovers without the intervention of surgery or irradiation, the efficiency of these treatments depending on the skill and experience of the physician using them, and the early stage of the disease.

"For the above reasons the control of the cancer problem is peculiarly in the hands of the medical profession and the hospitals. The known collateral factors bearing on cancer are so few that only medical skill and proper institutional care at this time can make a constructive contribution to the control of the disease.

"It is believed by those having the most experience with cancer that it is no longer a one man disease; that is, no one physician should undertake full responsibility for the diagnosis, treatment, and care of a cancer patient. Team work is called for, in that the pathologist should determine the type and grade of tumor before final treatment is undertaken; the radiologist should also contribute of his knowledge and experience to the decision as to treatment; the surgeon and internist have a contribution to make to the case in order that the patient may have the benefit of all phases of medicine that can best contribute to his treatment and care."

At this time it is felt that efforts should be concentrated on the improvement of diagnostic and treatment facilities in various hospitals throughout the state. When such facilities are available an educational campaign can be directed to the public to inform it of the necessity for early diagnosis and early adequate treatment, and, through the family physician, where such diagnosis and treatment can be obtained.

#### **Coarctation of Aorta: Ten Years' Observation of a Patient Still Living**

M. J. Shapiro, Minneapolis (*Journal A.M.A.*, March 4, 1933), presents the case of a boy whom he has had under observation for ten years, in whom the first diagnosis made was that of early mitral disease, which was soon changed to juvenile hypertension; the correct diagnosis of coarctation of the aorta was not made until nine years later. Rarely is this diagnosis made until adulthood. Many cases are discovered at the post-mortem table after a sudden and unexplainable death in an apparently healthy young person.

## **THE PROGRESS OF MEDICINE IN LAST HALF CENTURY\***

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My reason for choosing this subject is to call attention to the vast strides made in the science of medicine in the last half century, in contrast with what was known prior to fifty years ago, as well as to briefly mention a few of the steps yet to be taken already rich in promise.

As was stated by Dr. Haggard, of Tennessee, in an address before the American Medical Association, "the story of medicine enthalls the imagination by its infinite charm and arouses admiration for its victories in the battles against disease. The records of the discoveries of medicine are more fascinating than fiction. Wonderful as the past has been, the last fifty years of medicine has witnessed more achievements of a miraculous character than the five preceding centuries, making it the golden period of medicine." So many advances have been made that it is only possible to hit the high spots in a paper of this character.

The last century gave us ether and chloroform, by which, as Oliver Wendell Holmes said, "the fiercest extremity of suffering was steeped in the waters of oblivion, and the deepest furrow in the knotted brow of agony has been smoothed away forever."

Antisepsis has revolutionized surgery and made the present proud perfection of that most brilliant of all the arts. Among its many incredible feats is now recorded a successful effort to cut the shortened cords inside the heart itself and allow the fettered valves to close again securely. Although the heart is only one inch from the surface of the body, twenty centuries of surgery rolled by before the scalpel could travel that inch. Among the great achievements of medicine may be mentioned: the diagnosis of appendicitis as a distinct disease, the first operation for which was in 1884. Second, the discovery of the fact that a vast majority of the diseases we are meeting with daily are caused by micro-organisms with which we are now familiar. Third, antiseptic surgery was brought forward about fifty years ago, through the ef-

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forts of Pasteur and Lister. Fourth, the discovery of the way in which yellow fever is transmitted, and measures for controlling it. Doctor Lazear and others who gave their lives in making this discovery made it possible for thousands of others to live; and their martyrdom entitles them to never-ending honor.

Diphtheria antitoxin resulted from the discovery of the cause of diphtheria, and is one of the most important advances ever made in medicine, and is only surpassed by the inoculation method of prevention now available against this disease.

Medicine is the only profession that is literally and altruistically devoted to professional suicide. It endeavors chiefly not alone to cure, but to prevent disease. But what it cannot prevent it must cure; what it cannot cure it must palliate.

Angina pectoris, the merciless, is now being attacked surgically and the heart pang relieved in certain cases by severing the sympathetic nerve in the neck that transmit the unendurable pain.

That the spirochete was the actual cause of syphilis, the great black plague, was discovered by Schaudin in 1905. Miraculously enough, in the next year, Ehrlich discovered that his six hundred and sixth experiment with arsenical compounds gave the present arsphenamin, with power to stay its ravages.

A romance in medicine to grip the admiration of the world is the subjugation of typhoid fever. In the Boer War, typhoid destroyed 8000 British soldiers while only 7000 were killed by all the enginery of Wars. In the World War, as a result of anti-typhoid vaccine which was given to each of our 4,000,000 American soldiers, and increasing knowledge of sanitation, only 1,083 cases of typhoid fever developed with only 158 deaths. If the ratio between enlistments and deaths from typhoid in our Civil War had been maintained in the World War, there would have been some 226,000 cases with 62,694 deaths.

The discovery of the germ of tuberculosis, "The Captain of the Men of Death," was the beginning of the annihilation of the Great White Plague, and is a more important victory for mankind than resulted from the fifteen decisive

battles of the world. Already the death toll has been reduced from 160 per hundred thousand in 1910 to 72 per hundred thousand in 1932, but the fact that even today every third minute on the clock dial marks a death from tuberculosis challenges us to still greater efforts. The control of this disease is now largely a social problem.

Perhaps the greatest advance in biology during the past thirty years has been in the field of internal secretions—those of the so-called ductless glands. There is little doubt in the minds of physiologists, pathologists, and chemists that our knowledge of these secretions, which control basic nutrition and disease-resisting functions of the body, will mark the great contribution of the first half of the twentieth century to medicine.

A few impressive practical applications of this new knowledge, as for example, the use of desiccated thyroid in myxedema, of adrenalin in emergencies as hemorrhage and asthma, of insulin in diabetes mellitus, of parathyroid extract in tetany, of adrenal cortex extract in Addison's disease, and of potuitrin in diabetes insipidus, mark only the beginning of the benefit that must ultimately accrue from a more complete and co-ordinated knowledge of these glands. The ductless glands largely control heredity. Who can visualize what a colossal weapon will be available not only in the control of disease but in changing the stature, the personality, and even in the development of new species of man and animals when the individual secretions of these glands are available in sufficient number.

We will now discuss a few of these glands individually. The thyroid has long been prominent because of two diseases—endemic goitre and Graves' disease; progress in the control of these diseases was not possible so long as medical men taught that its function was to plump out the neck, to control the brain circulation, or moisten the larynx. Until something was known of its physiology and chemistry no rational plan of treatment or prevention could be worked out.

The discovery of Kocher in 1883 that the removal of the gland caused the disease myxedema, described by Gull in 1874. The discovery of iodine as a normal constituent in 1895, the discovery also in 1895 that removal of the thy-



roid caused a 40% drop in metabolism, and that feeding thyroid raises metabolism, laid the foundation for the development of a method of preventing endemic goitre that has already saved millions of men and animals from this disease.

The discovery that the iodine-containing secretions of the thyroid-thyroxin—greatly accelerated metabolism suggested to research workers that perhaps goitre was caused by something which inhibited metabolism, and was, therefore, a work-hypertrophy of the thyroid. Acting on this idea, it was found that cyanides, which inhibit metabolism, also caused the thyroid of rabbits to increase 10 to 20 times their normal size in a month, and associated with the development of exophthalmus. This observation, I believe, will undoubtedly lead to an understanding of the nature of Graves' disease, which Marine has shown is not primarily a thyroid disease, but rather a deficiency of some product produced by suprarenal cortex and sex glands.

The parathyroid glands, so long confused with the thyroid, was shown in 1907 to control the utilization of calcium and phosphorous, and their loss or injury to produce tetany. Tetany is still too frequently a complication of goitre operations, but fortunately this can be controlled by parathyroid extract.

The suprarenal glands have been known to be necessary for life since Addison, in 1855, associated their destruction with a disease which bears his name. He did not, however, have any idea of their function. In 1898, Oliver and Shaefer showed that the adrenal medulla produced adrenalin, which is now made synthetically, and is used daily by all physicians. In 1931 Hartman, of Buffalo, and Swingle, of Princeton, isolated the substance from the cortex, which is capable of saving the lives of those afflicted with Addison's disease.

Still another substance was isolated from suprarenal cortex in 1928, which has now been identified as the anti-scorbutic vitamin. This substance, known as hexuronic acid, has recently been shown by Marine to have another important role in nutrition: it is an anti-goitrous agent as important as iodine. Citrus fruits and tomatoes are especially rich in this substance.

These brief references suffice to show what is in store for medicine, and how important these little glands, so long neglected, are in every phase of the bodily economy and nutrition.

Without insulin, isolated in 1923 by Banting, McCleod and Collip, one of the three essential food stuffs cannot be utilized in the animal. What a change insulin thus has brought about in the management of diabetes. But the spectacular, indeed the almost miraculous life-saving, value of insulin often eclipses our appreciation of the price science had to pay for this discovery in the more fundamental underlying work of Von Mehring in 1889, who showed that removal of the pancreas caused a rapidly fatal diabetes; and of the development of chemical methods for estimating blood sugar by Bang, Folin, and others. Without these two discoveries insulin would still be unknown.

It is claimed by some research workers that while the discoveries of recent years have been marvelous, the next fifty years will reveal even greater hidden secrets of interest to the medical profession. I fear, however, this will not be done by Delawareans. We of Delaware will never be favored with a medical college within our borders, being too small a state for this, and do not have a medical library, nor archives or depository for the preservation of our records. We are, however, through the efforts of our Mrs. Henry B. Thompson, Mrs. Ernest du Pont, and Dr. William H. Kraemer, and other public spirited women and men of our state, who appreciate the value of a rich and permanent library for doctors and dentists, about to be beautifully housed in a perpetual professional building, to be known as the Delaware Academy of Medicine, which has been completed but as yet, not entirely paid for. Thirty-two thousand five hundred dollars has been subscribed for this building by this generous band of women and men. There is, however, an unpaid balance of twelve thousand dollars which, it would seem, the medical men of our state should aid in paying, some have already contributed. Mrs. Thompson or Dr. Kraemer will thankfully receive any contributions which our members may desire to make.

Perhaps if we had been thus favored in the several past decades we might today boast of furnishing a few contributors to medical science. As it is and has been, Delaware has in all her long history produced but two men of our profession, living within her boundaries, who are

recorded among the world's medical benefactors. One of these was our lamented and beloved John Palmer, who at the time of his death held the world's record for his successful treatment of human anthrax. I will ask Dr. Marshall, at the close of my paper, to tell you what that treatment was, the number of cases treated, and the mortality; the other, a Dr. Black, perhaps the grandfather of our late distinguished Dr. John J. Black, of New Castle, whose father was also a physician. Dr. Black in the early part of the 19th century, wrote the renowned Dr. Benjamin Rush, of Philadelphia, his views as to the proper and best way to treat patients with phthisis pulmonalis, now known as tuberculosis of the lungs, which was by keeping the patient in the open air as much as possible, with an abundance of sunshine. In due time, Dr. Rush himself became convinced that Dr. Black's method of treating these cases was the most rational of all treatments thus far proposed, and, coinciding with Dr. Black, published to the medical world Dr. Black's treatment.

A few words more regarding the endocrine glands.

Medical training may have its faults on the anatomical and laboratory side of its teaching, in that it demands too much time and attention to these points, to the exclusion of sufficient information and knowledge concerning the individual, his instincts, his emotions, and his psyche. Too many men are imbued with the notion that the laboratory side is the all important. While histology, pathology, physiological chemistry, the various blood, metabolic and other tests are of the greatest importance in adding to our knowledge and in aiding our diagnosis, the intensive study of and devotion to these branches are and must remain within the province of men devoted to that particular type of work; and while the physician must understand the importance of these examinations and tests, and must of course be able to interpret their meaning, he should not neglect and must not neglect the study of human nature, of psychology, peculiarities of physical, mental, and phychic type, the study of the endocrines, etc., the interpretation of which ought to be given to him by no one but himself when applied to each case in his practice. The old-fashioned, kindly physician we recall from our boyhood days, the country practitioner, brought up in a small community, the man whose child-

hood and environment brought him into close contact with all sorts of people whose past and present he understood, without knowing at the time that he did understand; the man with the innate power to understand and analyze human beings possesses no mean advantage over the type of physician who is ultra-scientific in the laboratory sense and nothing more. The ideal, of course, is a combination of the two.

Of all men, the physician is thrown into closest relations for the study of man and his ills. It is, however, no longer a question of examining the lungs, the heart, the kidneys, taking the blood pressure, examining the blood, and then giving his advice; it is no longer a question of combating the various infectious diseases; it is not alone a struggle with the various forms of benign and malignant tumor; it is no longer the practice of surgery with its saving of life and the improvement of health; the physician should be able and must be able to understand the difference between normality and abnormality in the innumerable deviations of body, mind, and psyche associated with and due to the ductless glands. They are the underlying factors in heredity; they have to do with growth and development of body and mind; they have to do with instincts and emotions; they have to do with normal and abnormal psychic and mental states; and from these ills come more torture and suffering than anyone but the physician really appreciates. The family physician has ever been the bulwark of medicine, and quoting Osler: "He shall heal the nations and defraud the tomb."

Who will write the epic of the family doctor? Would that a Shakespeare could weave his deeds of bravery, his tender sympathy, his discretion and tact, his cheerfulness and courage, his devotion and fortitude, into an immortal sonnet.

#### DISCUSSION

DR. W. E. BIRD (Wilmington): Dr. Palmer published his treatise sometime ago, when *THE JOURNAL* was a quarterly, and did not have quite as large a list of exchanges as we have today. I fear he has never been given sufficient credit for what is a really notable contribution.

His treatment was the essence of simplicity. He painted the postule with iodine. He took

a tablet of bichlorid of mercury, and powdered it on top of the iodine. He neutralized the acrid secretion by piling on top of that a little sodium bicarbonate to assist in neutralizing at least some of the acidity, and put a plain dressing on and changed that once or twice a day.

That, as I recall, is the essence of his treatment. Now there are two or three different sera that have been evolved for the treatment of anthrax, the names of which I do not recall. I think the Yersin serum is one. There is also a French serum. However, with serum treatment or with any of the other treatments that have received recognition whatsoever, the mortality rate is still very high, something like 25 to 30 per cent in some series, and in one that I read of some few years ago it was something like 40 per cent.

Somebody at Harvard, about four or five years ago, wrote a paper on anthrax, and after culling over the records of the Massachusetts General Hospital I think, for a period of many years, raked up some 12 or 15 cases of anthrax. That was not the experience of one man: it was the experience of a clinic, and a large one at that.

When you consider that Dr. Palmer in his time saw 83 cases and had but eight deaths, you will realize what a tremendous experience that is in one man's practice; and just think of a mortality rate of under ten per cent!

The world has never seen any record like that in the treatment of anthrax, before or since. I propose some day to dig his paper out of the old JOURNAL and publish it in the new one, which has a much wider audience, and let the world at large know that Delaware has at least made one very notable contribution to a disease that has a frightful mortality.

PRESIDENT HOCKER: Any other remarks or discussion on Dr. Tomlinson's paper? Have you anything further to say, Dr. Tomlinson, in concluding your paper?

DR. PETER W. TOMLINSON: Nothing further except to add to what Dr. Bird has said. I understand that Dr. Palmer always insisted on his patients, suffering from anthrax, taking regularly quinine and iron. That was his internal treatment, largely.

PRESIDENT HOCKER: I want to congratulate Dr. Tomlinson on his paper. It has been very enjoyable to us all.

DR. PETER W. TOMLINSON: I have one other thing I would like to say. I regret that Dr. Marine was not born six miles east of where he saw the light of day. Then we could have claimed him as a Delawarean; as it happened, he is a Marylander.

### **Incidence of Ringworm of Feet in a University Group**

Robert L. Gilman, Philadelphia (*Journal A.M.A.*, March 11, 1933), examined, during the spring of 1932, 500 consecutive men students taking the regular prescribed gymnasium course and 285 women students. In the two groups 60 per cent of the cases were positive among the men and 57 per cent among the women. The most constant symptom among these students was the occurrence of immoderate foot sweating, an increase of 50 per cent over the noninfected group. The management of ringworm of the toes has become unnecessarily involved and complicated. Consistently good results can be obtained by proper foot hygiene, that is, the frequent changing of shoes and socks, and the thorough drying of the toes after washing. Then the use of wet compresses or antiseptic soaks, followed by the use of ointments, either bland, stimulating or keratolytic, is in order. Finally, one has recourse to stronger lotions and powders in the chronic type of infection. For compresses or soaking foot baths in the acute stage, the author uses saturated solution of boric acid or Burow's solution, 1:16. For the subacute, and in some acute cases, potassium permanganate, 1:4,000, has no equal, followed in the acute cases by a 5 per cent ointment of ammoniated mercury applied in and around the toes after they have been thoroughly dried. In the chronic stage with either maceration or fissures, the alternate use of a strong stimulating tar and Whitfield's ointment is in order. An alcoholic solution of 4 per cent salicylic acid and 8 per cent of resorcinol applied to the toes or a foot powder used in the daytime, is helpful in those cases associated with excessive sweating. The use of some form of antiparasitic foot baths in which sodium thiosulphate, hypochlorite solutions or formaldehyde are used, having locker floors and runways scrubbed down with the selected solution and the fumigation of apparatus, when necessary, are the practical features of prevention and control.



### Effect of Hypertonic Dextrose Solutions on Intracranial Pressure in Acute Cranial Injuries

In order to determine accurately the efficacy of the intravenous injection of hypertonic dextrose solutions in acute cranial injury in man, Harry Jackson, with the assistance of Toshio Kutsunai, L. O. Leader and L. D. Joseph, Chicago (*Journal A.M.A.*, March 11, 1933), used it in many cases and reports his results in twenty clinical cases. In ten cases, 100 cc. of 50 per cent solution was used and, in ten cases, 200 cc. of 25 per cent solution. The solution was injected slowly during a period of from twenty-five to thirty minutes into the veins of the forearm. He summarizes the results as follows: In eleven cases there was an initial drop in pressure of from 1 to 4 mm. of mercury during the first thirty minutes; then a gradual rise to a point above the initial pressure in two hours. In some cases this increase amounted to as much as 50 per cent of the original pressure. This was reduced to the initial pressure in twenty-four hours. In nine cases, however, the rise was immediate and continuous for two hours, with slight fluctuations, and gradually returned to the initial pressure in twenty-four hours. In about half the cases the blood pressure rose and the respiration became labored. This was more evident with the 50 per cent solution than when a 25 per cent solution was used, but it occurred with both. Headache was relieved for a short time in some cases, but not to the degree of relief obtained when spinal fluid was withdrawn, as was done in several cases. In normal animals used for experimental purposes, there is a primary fall in pressure because there is no hindrance to the circulation in the sinuses; the secondary rise in pressure is due to the absorption of dextrose by the brain cells and causes edema of the brain, but to a less extent than was found when sodium chloride was used.

### Pathogenicity of Fusiform Bacillus and Spirillum of Plaut-Vincent

Henry H. Lichtenberg, New York; Marie Werner and Esther Volckmann Lueck's, Chicago (*Journal A.M.A.*, March 11, 1933), attempts at producing lesions in any way similar to those commonly attributed to the action of the Plaut-Vincent organisms by injecting pure cultures of

fusiform bacilli into areas of traumatized tissue in guinea-pigs were unsuccessful. The fusospirochetel organisms were found in 45.4 per cent of tonsils removed from 108 children. In the same children these organisms were found in 91 per cent of the membranes that formed over the tonsillar beds after tonsillectomy, and usually in greater numbers than in the tonsils themselves. The organisms were found constantly in smears of the membranes that formed over traumatic ulcers produced in the mouths of guinea-pigs. Neither the injection nor the local application of sulpharsphenamine hindered the appearance of these organisms in the lesions in the mouth of guinea-pigs or hastened the healing of the lesions. Sixteen consecutive cases of severe ulcerative stomatitis in children all healed in from four to seven days without treatment. This compares favorably with the reports of cases treated with various drugs and other forms of treatment. The value of diagnostic smears for Vincent's organisms as a means of establishing a pathogenic relationship of these organisms to a suspected lesion is questioned.

The unexpected death of Dr. William Wertenbaker, on March 24, 1933, shocked everyone who knew him. Just a short time ago Dr. Wertenbaker was quite active in his field of medicine.

Dr. Wertenbaker, one of the best known obstetricians and gynecologists in the State of Delaware, who has been an active member of the Medical Society of Delaware and the New Castle County Medical Society, had a host of intimate friends all over this State and the State of Virginia, who are grieved over his untimely and unexpected death.

Dr. Wertenbaker was an active member on the staffs of the Wilmington General, St. Francis, and Delaware State Hospitals. Inclined scientifically and with splendid acquired surgical technique, he was one of the most valuable members of the Medical Society. Though busy with his private and clinic practice, he always found time to write interesting scientific papers for the medical journals. He was a splendid teacher for young interns and residents, and was always ready to help his colleagues when they called upon him. To the end he was a perfect gentleman. All his friends and colleagues are grieved, and wish to express their deep sympathy to the family.

## *The President's Page*

To the Members of the Medical Society of Delaware:

Gentlemen:

There has been offered a plan of insurance to the members of the Medical Society of Delaware which appears to be a very good opportunity for all of us to get insurance at a reasonable rate. It is made possible, as I understand it, because of the fact that physicians are considered in a preferred risk class. The plan is that of the group type, which is similar to that carried by a great many industrial concerns, both by means of the companies themselves carrying it, or by insuring in an insurance company. The rates quoted are to my mind very fair, and within the reach of all of us in spite of the present financial condition.

Before recommending this to our Society I thought it was to our best interests to investigate this plan and Company. Accordingly I communicated with the head of a group division, of one of our large companies and asked him for an opinion. I am inserting this opinion in part, so that you can see we had all better be careful before contracting for this insurance.

"I have been trying to check up on the International Re-Insurance Corporation and cannot find that they are listed in the telephone book, nor am I able to find anyone who ever heard of them. It is most unusual that they do not give a Philadelphia address on the Specimen you sent me, in view of the fact that their head office is here in Philadelphia. I would hesitate, if I were you, to recommend any form of insurance to the members of your medical profession unless you are satisfied that they are ready and in a position to pay claims;—My conclusion is 'hands off' this business'."

I had hoped by this time to give a final report on the progress of the proposed new Medical Bill, but it takes so much time and effort to secure one that is iron-clad and fair, and agreeable to all, that we have not reached the proper point. I do wish, however, that all members of the Society would take the word of the delegates, who have spent so much time on it and passed it unanimously, as being worthy of approval. If any one wants to be enlightened on any point the delegates or officers will gladly do so. As the House of Delegates has passed it, no one member of this Society should buck it, but should get behind it and work for it. A clipping from the *Illinois Medical Journal* is very good and I am reprinting it here:

### HOW TO KILL A MEDICAL SOCIETY

Don't come to the meetings. If you do come, come late. If the weather doesn't suit you, don't think of coming. If you do attend a meeting, find fault with the work of the officers and other members. Never accept office, as it is easier to criticize than to do things. Nevertheless, get sore if you are not appointed to a committee; but if you are, do not attend the committee meetings.

If asked by the chairman to give your opinion regarding some important matter, tell him you have nothing to say. After the meeting, tell everyone how things ought to be done. Do nothing more than is absolutely necessary, but when other members roll up their sleeves and willingly and unselfishly use their ability to help matters along, howl that the organization is being run by a clique.—*The Aesculapian*.

At a meeting of some of the officers at the Delaware State Hospital in January, it occurred to me that if all the members could see and know the fine institution we have, they would appreciate it. An inspection was proposed to Superintendent, Dr. Tarumianz, and he was pleased at the thought. The date of Tuesday, May 16th, was selected, and we decided to make it a State outing day, with the inspection in the morning and a luncheon served at 1 p. m. Every one should make an effort to be there, and I will ask all those expecting to do so to register with the Secretary of their County Society at least three days beforehand so Dr. Tarumianz will know how to prepare.

Several matters of medico-legal aspect have been before us lately. The most prominent of course is the "Spectro-Chrome Metry" case of Dinshah Ghadiali. A true bill was found against him, and he was tried and found guilty; further comment will be seen in the editorial.

Two cases of "Rupture Cures" have been stopped before they got started. The latest of these is the case of the Wm. Rice Company, of Adams, N. Y. No arrests were made, but the salesmen were informed that they were violating our Medical Practice Act and discontinued operations. In each case the public would fall easily. The other case was the Plapao Cure for rupture, and was the more preposterous of the two.

And now this is all 'till next month.

Sincerely,

WILLIAM H. SPEER, M. D.

# EDITORIAL

## DELAWARE STATE MEDICAL JOURNAL

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### OUR REGRETS

We regret the editorial in the preceding issue of THE JOURNAL, which called forth a protest from the New Century Club. Only "the greatest good to the greatest number" was really the incentive for the writing of the article, but the writer, in his zeal, allowed himself to be carried beyond the confines of good taste.

We feel that in view of the past accomplishments of the New Century Club its membership can be counted upon to co-operate in any cause worthy of their support, and if a matter is presented to them in a proper manner there is a response. We also feel sure that their attitude in the recent matter of their lectures on food was the result of their not understanding real basic facts. They should have whom they want on

their lecture platforms; that is their own affair, but we still affirm it to be the duty of the medical profession to confer with them when they allow to be propagated from their platform erroneous ideas of health, diet, and the treatment of disease by persons who are not legalized to speak with authority on such subjects.

If these ladies are as broad-minded in this matter as they certainly are in many others would it not be a good idea for them to inform themselves somewhat on the struggle of the medical profession to raise the standards of their own profession to the present level, and their continued struggle to get the public to demand the same requirements of practitioners outside the profession as are demanded of the doctors?

Faddists, and also the unscrupulous and mercenary, frequently tell many useful things, and the danger to the listeners or readers, as most of these ladies no doubt know, lies in not being able to distinguish between the good and the bad, the true and the false, when coming from such a source. One statement alone, in Hay's book, we are sure, will demonstrate what we mean. In his book we are told that smallpox is nothing but "an effort to throw off waste matter". Those who earnestly inform themselves do not spend time on propounders of the Hay Diet, for the truth about which we refer them to the report of the Bureau of Investigation as published in the *Journal of the American Medical Association* for February 25, 1933, page 595.

We assure the members of the New Century Club that we have the utmost respect for them and their endeavors to serve the community. We trust that our expression of regret is acceptable to our erstwhile friends, and that our previous cordial relations may be re-established.

### THREE QUACKS AND OUT

Those who were not interested enough and those who could not be present at the trial of Dinshah P. Ghadiali missed observing one of the most difficult cases of practicing without a license that has come before these courts. When you consider the cunning and evasive manner of this man, as well as his knowledge of the law,



and the fact that while he has been arrested times before in other states, they have not been able to convict him, you will appreciate the ability of our Attorney General and Deputy Attorney General in handling the case. Too much cannot be said in praise of the Hon. Daniel J. Layton and P. Warren Green. In the charge to the jury, Judge Harrington was extremely fair, but he was positive in his statements, and made it plain to the jury that the law had evidently been violated.

We do not desire to bring a lot of things into our courts which we ourselves can handle, as it not only takes the time of our Judges and Attorneys, but is a cost to the state, and this we do not wish to do. On two other occasions, with this idea in mind, the President of the Society personally put rupture cures out of the state. With this conviction on our books we have made a great stride forward to protect the public of this state from such illegal practices.

We wish to make it plain that it is the public whose interest we have at heart. They are not supposed to be able to differentiate what is good from what is not good for the treatment of diseases or conditions, and it is the duty of the Medical Society to protect them. The President of the Society, with two others, have given a great amount of time and trouble to bring this condition about, and all of us should help in every manner possible. Again we want to thank the courts and the authorities who have assisted in this case, as it is this type of cooperation that allows for the results we are seeking.

#### EDITORIAL NOTES

##### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely free to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages, but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve you.

The January meeting of the New Castle County Medical Society was devoted to the subject of medical economics. The first speaker

was Dr. A. C. Morgan, Professor of Medicine at Temple University, and who was a member of the Committee on the Costs of Medical Care, whose subject was "The Minority Report." Dr. Morgan delivered an impressive address on this matter, stressing the fact that the minority report (which he signed) sensed the heart-beats of the medical profession much more accurately than did the Majority Report. He contended that the group clinic and group payment plans, as proposed in the Majority Report, would initiate evils worse than any we now know. We all agreed.

The second speaker was Dr. R. W. Larer, Lecturer on Industrial Medicine at Hahnemann Medical College. Dr. Larer spoke on "The Status of the Physician and Medicine Today," and discussed the inroads into practice by corporations, compensation laws, etc. His remarks were heard with much interest.

The last speaker was Dr. R. G. Leland, Director of the Bureau of Medical Economics of the American Medical Association, at Chicago. Dr. Leland spoke at length on "New Forms of Medical Practice," and laid particular stress upon several types of contract practice and their attendant evils. Rapt attention on the part of his auditors was rewarded with a veritable avalanche of information.

Now that medical economics is so very much in the air today it is more than likely that our meetings will be frequently addressed by speakers competent to discuss the subject.

The radio debate arranged by the Committee on the Costs of Medical Care and broadcast over the Columbia network on February 11th, was a brilliant affair. The Majority Report was presented by Dr. George H. Bigelow, of Boston, and the Minority Report was presented by Dr. Arthur C. Christie, of Washington. The little group, all laymen, who heard the debate with us, voted unanimously for Dr. Christie's argument.

A feature new with THE JOURNAL this year is the President's Page, making the eighth state publication to follow this custom. The list now is: Delaware, Indiana, Kansas, Michigan, Minnesota, Ohio, West Virginia, and Wisconsin.

This feature gives the incumbent leader of the state's profession an opportunity to deliver a

message at such frequent intervals as will keep us currently informed concerning his activities and his recommendations.

The physicians of the New Castle County Medical Society have voted to support the arrangements made by Miss Mary T. Archer, of the local Physician's Credit Bureau, to handle the collection of our delinquent accounts in the future through the Physicians' and Surgeons' Exchange of Philadelphia. This is an excellent move, and merits the cooperation of every physician. Financial delinquency is increasing at such an alarming rate we feel it reasonably certain that not all of it can be chargeable to the depression. Send your claims in promptly.

The Denver kidnapping case, in which a young physician figured as the chosen party to toss from an automobile the package containing the \$60,000 ransom money, brings home to our profession a fresh realization of how close to crime the doctor has to come. In this case the service was financial; usually it is medical—at the morgue, after the victim's body is recovered.

We are not versed in the law, yet we can think of three measures that might help in such cases:

1. Make it a crime for anyone—even the afflicted family—to deal with, exchange messages or tokens with, pay money or other valuable consideration to, act as an agent or intermediary, or otherwise have congress of any kind whatsoever with the kidnappers.
2. Make it a crime for anyone—even the afflicted family—to fail to immediately turn over to the police all messages, letters, codes, tokens, etc., received from the kidnappers.
3. Make it a crime for anyone—even the afflicted family—to give publicity to the details of the clues being followed, the direction of the search, the evidence obtained, the messages received, etc.

When kidnappers know that nobody can act as a go-between, that the police will instantly get all messages, and that the press will not tell them to go east because the police are looking west, and—most important—when they realize that the family that pays goes to jail, then, maybe, kidnapping will cease.

## DELAWARE STATE PHARMACEUTICAL SOCIETY

### Pharmacy in the Century of Progress

By H. C. CHRISTENSEN

Chairman, Committee Pharmacy Exhibit

In approaching the plans for the pharmacy exhibit at the "Century of Progress"—Chicago's 1933 World's Fair—your committee feels that pharmacy will have an unusual opportunity of bringing to the attention of the public the important part pharmacy plays in medical progress and public health service. The greatest opportunity of all time will here be given to impress the public with the professional background, progress, and the relation of pharmaceutical service to public health and welfare.

While the story of pharmacy's part is one of scientific achievement, it must, of course, be told or dramatized in a manner so that everyone who sees the exhibit will grasp its significance.

#### EXPLANATION OF SPACE

Liberal allotment of space has been made by the Century of Progress officials. This is located in the "fountain circle" on the ground floor of the Hall of Science, in the very heart of the medical group (medicine, dentistry, Mayo clinic, Wellcome institute, Pasteur institute, Milwaukee museum, and others.)

The space allotted for the exhibit is irregular. Therefore in designing our exhibit, we have tried to weave these irregularities into a simple geometric plan. Interesting forms of light and color attract the visitors and center attention on the exhibit. There is an inviting atmosphere of openness and freedom. Plain walls turning inward from each side and spiral forms draw the visitors in and permit a natural circulation to the entire display, taking them to each point of interest and letting them out again without the feeling of having been led by rules or directions. No doorways, gates or railings impede their individual interests.

#### RESTRICTIONS TO BE OBSERVED

We have been governed by the policies of the Century of Progress in planning this exhibit. It must be strictly scientific and professional in aspect (non-commercial) in order to be housed in the Hall of Science. Due to pharmacy's close relation to the other medical sciences, care must be used not to usurp or overlap.

#### PURPOSE OF PHARMACY EXHIBIT

Similar to the other exhibits in this section (medicine, dentistry, etc.) pharmacy will attempt to portray, on a plan of visual education, the scientific progress of the profession, to carry out the spirit of the Century of Progress exposition. Pharmacy's exhibit will, therefore, of necessity, include three or more distinct or main departments, series of rooms or sections: (1) historical; (2) educational; (3) professional (scientific). Sub-divisions of these three main displays will include processes, research, details of education, legislation, public health service, etc.

#### NATURE OF DISPLAYS

Careful attention will be given to the installation of the various displays in sequential arrangement so that one may quickly note the important steps in progress, etc.

There will be displays illustrating:

The American pharmacy or drug store equipped as of a century ago and contrasted with a modern prescription laboratory;

Progress made in pharmaceutical research;

Discoveries by famous pharmacists;

Present-day program of pharmaceutical education as compared with that of the first college of pharmacy;

A library of pharmaceutical literature;

The preparation, revision and uses of the United States Pharmacopoeia and National Formulary, also complete sets of these works;

General presentations of the sciences used in pharmacy—chemistry, physics, botany, biology, physiology, pathology, bacteriology, etc.—with a gesture of gratefulness to these sciences;

Demonstrations of care and exactness in compounding and dispensing drops vs. minim; accuracy in weighing and measuring, teaspoon vs. fluid drachm, etc.

The story of pharmacy legislation; requirements for license; early legislation.

Movie films designed to attract and interest both the professional and the non-professional audiences; slides of historic interest.

Several of the displays will be motor-driven in order to introduce action into the exhibit.

#### STORY OF DIGITALIS

The story of digitalis is an example of one of the many drugs into which are woven the various pharmaceutical activities including history,

education, research, legislation, and relation to public health and service. Some other drug may be used in its place, or we may use several drugs changing the display from time to time.

The plan provides for eleven panels, and in eight of these will be portrayed a story of digitalis in sequence something as follows:

The first will set forth the role of this important drug in medical practice. Living specimens of the flowering plant or artificial reproductions thereof can be exhibited.

The second shows the drying and garbling features, a drying oven in operation "glass front properly lighted." Glass display bins of drugs not garbled; garbled drugs and undesirable portions (sortings).

The third will depict the grinding of the drug, mill to be in actual operation and a large display jar of the ground drug.

The fourth illustrates digitalis in official preparations, the actual process of manufacture being shown.

The fifth covers botany and pharmacognosy. A cross section of a leaf showing localization of active constituents in epidermal layers, non-glandular hairs, and endodermis surrounding vascular bundles. This may be accomplished either through a three-foot specially built artificial microscope permitting the visitors to peek in and see before them in a magnified form these things or by some other means. Also a complete set of microscopical instruments will be shown.

The sixth panel will contain a chemical desk, fully equipped, to be operated by a student or instructor of a college of pharmacy. Various chemical experiments will be performed.

The seventh panel tells the story of standardization. A specimen of tincture of digitalis not standardized, Kymograph, and other equipment of standardization apparatus permitting perhaps actual tests.

The eighth will set forth the interesting story of Doctor Withering and The Old Lady of Shropshire, England, and the discovery of the medicinal value of the drug. Perhaps an enlarged model of the heart.

#### HISTORICAL DISPLAYS

There will be a goodly number of museum-type displays in show cases, panels and recesses in pillars, on walls, etc., consisting of old instru-



ments, medicine cases, weighing scales, utensils, show globes, bottles, crude drugs, primitive drugs and drug materials, minerals and chemicals derived from them, animal drugs and animal drug products, medicinal plants and their derivatives and preparations; maps showing sources of crude drugs; portraits of famous pharmacists with mention of their accomplishments; mural paintings depicting various pharmaceutical activities, etc.

#### REPLICA OF ROSETTA STONE

In order to interest the general public in the pharmacy exhibit, the art of the showman is being utilized. A replica of the famous "Rosetta Stone" will be displayed, which was unearthed by one of Napoleon's lieutenants during the Napoleonic wars, yet remained valueless until the latter part of the nineteenth century, when that part of the stone that had to do with drugs was deciphered. Thus the prehistoric knowledge of pharmacy was unfolded to the world, and out of this step, other parts of the stone were translated, from which many of our present-day archeological discoveries are being interpreted. This replica will be placed on an offset platform in dais form under a rotunda with colored lights beaming down, producing a revolving effect dramatizing the revolutionary influence to the world's progress.

Directly behind this dais, are then recesses showing "Famous Discoveries by Famous Men." For example, the discovery of quinine may be dramatized by a painting effect of the lion gnawing the bark of the cinchona tree. This may be done in such a manner that as one picture disappears, another appears, thus introducing motion.

Recesses in the two front pillars will permit displays of chemical amusements and processes with colored light effects to attract attention.

#### MOTION PICTURES

Space has been set aside for a motion picture screen, which may be used to entertain the passer-by by showing actual motion pictures telling the story of pharmacy and showing photographs of famous pharmacists and educators.

#### HEADQUARTERS BUILDING

The permanency of pharmacy is shown to the visitors by featuring a model of the headquarters building—American Institute of Pharmacy—in its relation to the Lincoln memorial and

other buildings in the vicinity, which is being erected in Washington, D. C.

The pharmacy exhibit as a whole will portray the scientific advancement of pharmacy and will, in addition, supply the historical phase of pharmacy. The material used will be dramatized so as to increase human interest. A careful study of lighting effects will be made and a system installed by experts which will harmonize with the general lighting systems of the Hall of Science and also the other exhibitors of the medical science group.—*N. A. R. D. Jour.*

### WOMAN'S AUXILIARY

#### WOMAN'S AUXILIARY

##### TO THE

#### AMERICAN MEDICAL ASSOCIATION

##### Eleventh Annual Meeting

Milwaukee, June 12-16, 1933

Headquarters: Hotel Pfister, Milwaukee, Wisc.

All women attending this convention whether Auxiliary members or not are invited to participate in this entire program.

#### PRELIMINARY PROGRAM

Monday, June 12, 1933, 12.30 p. m.: luncheon at College Woman's Club in honor of past presidents, followed by national board meeting and visit to American Medical Association exhibits at auditorium. Tickets \$1.00.

7.00 p. m.: dinner for national board, delegates, and wives of officers and delegates of the American Medical Association at Woman's Club of Wisconsin. Musical program furnished by artist members of Auxiliary to Medical Society of Milwaukee County. Tickets \$1.25.

Tuesday, June 13, 1933, 9.00 a. m.: general meeting, roof room, Hotel Pfister, Mrs. James F. Percy, presiding.

12.30 p. m.: luncheon and bridge at the Wisconsin Club. Tickets \$1.25.

2.00 p. m.: \*attractions available for those not wishing to play bridge are Layton Art Gallery, Milwaukee Art Institute, Milwaukee Museum, Curative Work Shop and Vocational School; or \*bus trip to county institutions, Milwaukee Children's Hospital Convalescent Home, and Washington Park zoo.

8.00 p. m.: general meeting of American Medical Association.

10.00 p. m.: informal dance at Wisconsin Club. Courtesy of State Medical Society of

Wisconsin. Hostesses: Woman's Auxiliary to the State Medical Society of Wisconsin.

Wednesday, June 14, 1933, 9.00 a. m.: general meeting, roof room, Hotel Pfister, Mrs. James F. Percy presiding.

12.30 p. m.: Auxiliary luncheon, fern room, Hotel Pfister. Guests and speakers from the American Medical Association. Musical program. Tickets \$1.00.

4.00 p. m.: \*teas in private residences.

8.30 p. m.: light opera. Tickets \$1.00.

Thursday, June 15, 1933, 9.00 a. m.: general meeting, roof room, Hotel Pfister; Mrs. James Blake, presiding.

12.00 noon: trip to Oconomowoc Lake District. Luncheon 12.30 p. m., Carnation Milk plant, Oconomowoc, Wisconsin, transportation and luncheon courtesy of Carnation Milk Company; or 12.30 p. m.: buffet luncheon, crystal room, Hotel Pfister. Tickets 75 cents.

2.00 p. m.: \*sight-seeing tour of Milwaukee.

6.30 p. m.: "Bring Your Husband" Dinner, fern room, Hotel Pfister. International-House-Cabaret. Tickets \$1.50.

9.00 p. m.: president's reception and ball, Schroeder Hotel; hosts: The American Medical Association.

Friday, June 16, 1933, 10.00 a. m.: golf tournament.

All trips start from Hotel Pfister.

\*Bus transportation to be paid by individuals.

Mrs. Rock Sleyster, general chairman.

Wauwatosa, Wisconsin

President—Mrs. James F. Percy, Los Angeles, Calif.  
President-Elect—Mrs. James Blake, Hopkins, Minnesota  
National Convention, Milwaukee, June 12-16, 1933.

Mrs. Milton P. Overholser, Harrisonville, Missouri,  
Chairman, Press and Publicity.

The next News Letter will probably be a March-April issue to reach you not later than the first week in April. This is done in the interest of economy.

Since numerous inquiries have come asking how copies of this News-Letter may be obtained, our national president, Mrs. Percy, has ruled that copies may be had at 10 cents each from the Press and Publicity Chairman. It is earnestly hoped a plan may be worked out so that the mailing list of this News-Letter will include every county president.

It may be mentioned that several state presidents have ordered enough copies of some desired issue to supply their respective county auxiliary presidents.

It has seldom been feasible for a state Press and Publicity chairman to pass on to the state Auxiliary the entire contents of a News-Letter, yet it is hoped every state chairman will find means to present to her state Auxiliary something worthwhile from the News-Letter.

At this time when economy measures are so essential Mrs. Percy is especially desirous that at least the substance of her messages and those of the Departmental Chairmen using these pages be transmitted to the component state Auxiliaries.

Remind the doctor husband to bring home not only the State Medical Journal but the American Medical Association Bulletin as well.

#### A Cheering and Cheerful Letter from Our National President

Dear Auxiliary Members:

If anyone has any doubt as to the magnanimous spirit of co-operation that pervades the Auxiliary, and we include all National and State Officers, together with its advisory board and the trustees of the American Medical Association and the Council of my own beloved California Medical Association, they will be quickly dispelled when we give to you the following list of things accomplished to date:

Budget reductions following favorable mail vote by National Board on Recommendation No. 1 (President's Letter Jan. 13, 1933) through ideal spirit of co-operation of the Committee Chairmen who were asked to assist ..... \$780.00

Payment of gift by Woman's Auxiliary, Pennsylvania ..... \$250.00

Credit extended national Auxiliary Hygeia Chairman for balance of year's program, including Hygeia Exhibit, Milwaukee, this through the generous financial consideration by the Advisory Board of the national Auxiliary and the Trustees of the American Medical Ass'n ..... \$200.00

Resolution passed by the Council, California Medical Association in San Francisco, California, Jan. 21, 1933 —"Resolved, That a gift of \$250.00 be granted to the President of the National Woman's Auxiliary in consideration of the fine work done by certain local Auxiliaries ..... \$250.00

Feb. 7th—Mrs. Hunsberger reports—Handbooks paid for ..... \$106.75

(Don't fail to send in your check if you haven't paid)

*Supply going fast*

Feb. 1st—Treasurer Tomlinson reports—Filing Cards paid for \_\_\_\_\_ \$96.75

If, with this report which we feel sure will gladden the hearts of every Auxiliary member, we may urge each State President not to fail reminding her State Treasurer of Constitutional provision Article VII, Section 2: "State Treasurers shall pay their annual dues at the end of their fiscal years," if this is done, the work of the National Officers will be found to be in promising, safe and excellent condition at the Milwaukee meeting.

Events have shown without question that the work we are trying to do needed to be done. Standing in the center as it were, and looking out over the branches, there is a healthy growth and much fruit appearing as an answer to the earnest sincere efforts of women, whose very lives influenced by the unselfishness of their physician-husbands and the associations they serve, have a higher, nobler and more generous outlook than can be found among any other group in the world.

The first of March is surely not too soon to commence thinking of the trek to Milwaukee for the Eleventh Annual Convention of the National Auxiliary.

The renewal of friendships will mean much to all of us this year for the necessary commission of the Mid-year Board meeting, together with the unusually long year of thirteen months have left a sense of an intangible unfilled something that makes us begin to long for the Convention days where we may complete the necessarily unfinished and omitted business. At no other time or place can the problems that vex all branches of our organization be so thoroughly dealt with. Here first hand information from the experiences of others can be gained for the work that lies ahead. The resulting inspiration and the joy of both old and new associations to make richer the retrospect of coming years make this opportunity one not to be neglected.

Please watch for the outline of the program planned by Mrs. L. Rock Sleyster, Convention Chairman and her Committee! As soon as they are announced we urge each State President to broadcast them to the four corners of her State and to encourage and stimulate all members and friends to make every effort possible to join and

assist us in trying to make this another link in the chain so perfectly welded together by our predecessors in the Conventions of the past.

Be on the look-out for Mrs. Sleyster's announcements.

With eager anticipation of meeting and greeting you

Mrs. James F. Percy.

The Delaware Auxiliary held a delightful St. Valentine's tea at the home of the president, Mrs. Tomlinson. Mrs. Wayne Babcock, of Philadelphia, and Mrs. J. Newton Hunsberger, of Norristown, of the Pennsylvania Auxiliary, were the guests of honor. Mrs. Henry W. Briggs and Mrs. William H. Kraemer poured. About forty members were in attendance, including several from Kent and Sussex counties. The officers are especially grateful to those members who come from a considerable distance in order to make these affairs successful: the local ladies are expected as a matter of course, but an extra meed of appreciation is due those who have to travel so many miles to attend.

The Woman's Auxiliary to The Philadelphia County Medical Society has arranged for a Health Institute to be held Tuesday, April 11th, at the County Medical Society Building, S. E. Corner 21st and Spruce Streets.

It is the purpose of this group to present a program that will merit the attention of all.

Subjects of diversified interest, pertinent to health, will be discussed by those, who, by training and experience, are qualified to speak authoritatively on these subjects.

The Auxiliary bespeaks your co-operation and attendance. All your members are cordially invited. Kindly appoint three who will be your accredited delegates.

We are more and more becoming health conscious . . . the idea now, is to keep well . . . the aim of this organization is to spread the gospel of health.

As a co-operating measure will you insert in your Bulletin an invitation to all members, also give publicity at your next meeting:

Morning Session 10:30 A. M. Luncheon 12:30 P. M.      Afternoon Session—2:00 P. M.

Luncheon 60 cents. Send reservations (accompanied by cheque) by April 8th, to Mrs. M. Fraser Percival, 2332 S. Broad street.



## MISCELLANEOUS

### Minutes of First Meeting of the Medical Society of Delaware

In pursuance of the foregoing Act of the General Assembly, a quorum of the Medical Society of the Delaware State assembled at Dover on 12th. May, 1789. President: Drs. Tilton, Molleston, Preston, Cook, Sykes, and Miller.

On motion,

They proceeded to the choice of a Chairman—and Dr. Tilton was unanimously elected. Dr. Edward Miller was chosen Secretary.

Ordered,

That Drs. Preston and Miller be a committee to prepare a draught of a Constitution, and report the same to the Society tomorrow morning.

Adjourned until 9 o'clock tomorrow morning.

Wednesday, 13th.

The Society met according to adjournment. Present as yesterday. The Committee to whom it was referred to prepare a draught of a Constitution of the Society, reported a form, which being read, debated by paragraphs, and amended, was adopted, and is as follows:

(Here follows the Constitution)

After the ratification of the Constitution, the Society proceeded to the election of officers, when the following gentlemen were unanimously chosen.

President, James Tilton, M. D.; Vice-President, Jonas Preston, M. D.; Censors, Nicholas Way, M. D., Matthew Wilson, M. D., Joshua Clayton, Nathaniel Luff; Secretary, Edward Miller, M. D.; Treasurer, James Sykes.

Ordered,

That Drs. Molleston, Sykes, Cook and Miller be a Committee to report a set of rules for conducting the business of the Society.

Ordered,

That a Committee, consisting of the same persons be instructed to prepare the draught of an Ordinance to regulate the admission of members into the Society, and report it to the next meeting.

Adjourned to the 29th of December next.

### Coming Lectures: D. A. M.

Under the auspices of the Delaware Academy of Medicine, a post-graduate course in diabetes mellitus will be given on five successive Thursday evenings, beginning April 6th and ending

May 4th, 1933. These lectures will begin at 8.45 P. M. promptly. The lecturers are W. G. Kary, Ph. D., H. S. Read, M. D., and E. L. Eliason, M. D.

Following these five lectures, there will be given two lectures on the more recent investigations of the sympathetic nervous system, by J. C. Doan, M. D., and Temple Fay, M. D., on Thursdays, May 11th and 18th. Admission will be limited to members of the organized medical profession who wish to subscribe. Subscriptions for the entire course, \$2.00. Checks to be made payable to the Delaware Academy of Medicine, 610 Medical Arts Building, Wilmington, Delaware.

### Preliminary Program for the Cancer Study Course in Philadelphia, Pa.

Arranged under the Auspices of the Philadelphia County Medical Society and in Cooperation with the Commission on Cancer of the Pennsylvania State Medical Society.

All Physicians in Pennsylvania and Neighboring States are Invited

There would seem to be especially an opportunity for the physicians of Philadelphia, Camden, Wilmington, and neighboring towns and country, to get an unusual opportunity for cancer study. Those who expect to attend will please write to Franklin Crispin, Executive Secretary of the Philadelphia County Medical Society. A card of admission will be sent in the order of request for all or any part of the clinics and demonstrations. If you can not attend all clinics and demonstrations, please indicate your preference. Registration involves no fee. The expenses are to be borne by the Philadelphia County Medical Society, with a contribution also from the State Medical Society. A scientific exhibit will be arranged at the Philadelphia County Medical Building, and open to all during the entire session. Demonstrators will be present before and after the evening meetings.

9 to 12 A. M., *Tuesday Morning*, April 11th, 1933. *Temple University Medical School*. Auditorium, third floor. Capacity 400. 3400 North Broad Street. Arranged by Dr. W. Wayne Babcock and Dr. W. Edward Chamberlain.

2 to 5 P. M., *Tuesday afternoon*, April 11th, 1933. *Hahnemann Hospital*. Entrance 230 N. Broad Street. Elkins Amphitheater. Capacity 350. Arranged by Dr. Aubrey B. Webster and Dr. Frank C. Benson, Jr.

8.30 to 10 P. M., *Tuesday evening*, April 11th, 1933. *Philadelphia County Medical Auditorium*, 21st and Spruce Streets.

1. Opening remarks, Charles Nassau, M. D., President of Philadelphia County Medical Society.

2. "The Factors Constituting Malignancy in Tumors," Joseph McFarland, M. D., Professor of Pathology, University of Pennsylvania.

3. "What Has Been Done and What Can Be Done in Cancer Control," Jonathan Wainwright, M. D., President, American Society for Control of Cancer; Chairman of Cancer Commission, Pennsylvania State Medical Society.

9 to 12 Noon, *Wednesday morning*, April 12th, 1933. *Jefferson Hospital*. Clinical Amphitheater, capacity 500. 10th and Sansom Streets, entrance on Sansom Street. Arranged by Dr. Brooke M. Anspach and Dr. Edward J. Klopp.

2 to 5 P. M., *Wednesday afternoon*, April 12th, 1933. *Graduate Hospital*, northeast lecture room, capacity 300, entrance 1818 Lombard Street. Arranged by Dr. George E. Pfahler and Dr. William Bates.

8.30 to 10 P. M., *Wednesday evening*, April 12th, 1933. *Philadelphia County Medical Auditorium*, 21st and Spruce Streets.

1. "A Review of the Recent Advances in Cancer Research," William O. Woglom, M. D., Associate Professor of Cancer Research, Columbia University in City of New York, Institute of Cancer Research.

2. "Cancer Cells," illustrated with moving pictures, Warren H. Lewis, M. D., Research Associate, Carnegie Institution of Washington, Professor of Physiological Anatomy, Johns Hopkins University.

9 to 12 Noon, *Thursday morning*, April 13th, 1933. *Philadelphia General Hospital*, Surgical Amphitheater, capacity 300, 34th and Pine Streets, entrance on 34th Street, 2nd gate. Arranged by Dr. J. B. Carnett and Dr. Bernard P. Widmann.

2 to 5 P. M., *Thursday afternoon*, April 13th, 1933, *University of Pennsylvania*, Room A in medical laboratories capacity 250, entrance 37th and Hamilton Walk. Arranged by Dr. Henry K. Pancoast and Dr. Eugene Pendergrass.

8.30 to 10 P. M., *Thursday evening*, April 13th, 1933. *Philadelphia County Medical Auditorium*, 21st and Spruce Streets.

Symposium on the recognition and treatment of pre-cancerous lesions, and the early diagnosis of cancer.

8.30, "The Skin," Dr. Carroll S. Wright; 8.40, "The Mouth," Dr. George Dorrance; 8.50, "The Breast," Dr. J. B. Carnett; 9.00, "The Larynx and Pharynx," Dr. Chevalier Jackson; 9.10, "The Lungs," Dr. Louis H. Clerf; 9.20, "The Stomach," Dr. H. L. Bockus; 9.30, "The Bowel," Dr. Damon Pfeiffer; 9.40, "The Bladder," Dr. Leon Herman; 9.50, "The Uterus," Dr. Catherine MacFarlane.

9 to 12 Noon, *Friday morning*, April 14th, 1933, *The American Oncologic (Tumor) Hospital*, clinic room, capacity 40, Powelton Avenue and 33rd Street, entrance Powelton Avenue. Arranged by Dr. George Dorrance.

9 to 12 Noon, *Friday morning*, April 14th, 1933. *Lankenau Hospital*, Lecture Room, Surgical Room, Research Institute, Follow-Up Clinic, Girard and Corinthian Avenues. Arranged by Dr. Stanley Reimann and Dr. Damon Pfeiffer.

2 to 5 P. M., *Friday afternoon*, April 14th, 1933. *Women's Medical College of Pennsylvania*, Auditorium, capacity 300, Henry Avenue and Abbottsford Road East Falls, Philadelphia. Arranged by Dr. Catherine MacFarlane.

2 to 5 P. M., *Friday afternoon*, April 14th, 1933. *Jewish Hospital*, Pennsylvania Building, capacity 100, York and Tabor Roads, Philadelphia, entrance on Tabor Road. Arranged by Dr. Leon Solis-Cohen.

### Improvements in Nursing Service

Improvements in both the nursing service given hospital patients and the type of instruction given students may result if the lessened turnover among the teaching and supervisory nursing staff of hospitals continues. This hopeful view is taken by May Ayres Burgess, Ph. D., director of the Committee on the Grading of Nursing Schools, who writes in the March number of the *American Journal of Nursing*.

Hospital nurses are holding fast to their present positions because of the increased competition brought about by the economic depression and the overproduction of nurses. Three years ago, at the time of the first grading, the Committee found that the turnover among nurses in hospital teaching and supervisory positions was so great that in most schools a large proportion of the faculty had entered the hospital more re-

cently than had the senior students. There was little real opportunity for students to become acquainted with their teachers, or for teachers to carry through a carefully planned educational program.

Instructors, supervisors, heads of operating and delivery rooms were either just getting used to new jobs or just getting ready to leave old ones. Naturally ward teaching suffered.

In the second grading, Dr. Burgess reports, the typical nursing school faculty member has held her present position for 2.6 years. In the first grading the average tenure of faculty was 1.6 years.

The Grading Committee also finds a relationship between tenure of office and salary cuts. Many hospitals are giving relatively small cuts to the nurses who are retained on their staffs during depression times, but they are more drastically reducing the salaries offered nurses added to fill vacancies.

The economic depression is accomplishing to some extent what the Grading Committee recommended three years ago: that salary scales be adjusted so that there will be greater differences between positions with more opportunity for promotion from rank to rank, and higher rewards for those who fill important and difficult positions.

#### Death of Dr. Alfred S. Burdick

Dr. Alfred S. Burdick, president of the Abbott Laboratories, of North Chicago, Illinois, died February 11 of pneumonia, at the age of 66. In 1921 Dr. Burdick was elected president of the Abbott Laboratories. The new location at North Chicago had already been selected as a site for the new Abbott Laboratories, and when the latter was completed the company moved into these new quarters from the old location in Ravenswood. Meantime the Swan-Myers Company, of Indianapolis, was consolidated with Abbott Laboratories, thus increasing and extending the business.

Most or all of these improvements took place under the presidency of Dr. Burdick. In fact the completed plant, which is one of the largest and best in the United States, is in many respects a tribute to the genius and wisdom of Dr. Burdick. He had surrounded himself with some of the best executives as well as professional men and thus built up an organization

which will continue to efficiently function, notwithstanding Dr. Burdick's premature death.

#### Primary Tuberculosis of the Pericardium

William P. Thompson, New York (*Journal A.M.A.*, March 4, 1933), presents a review of the twenty-one reported cases of primary tuberculosis of the pericardium and also analyzes seven cases of the disease that have come to necropsy at his hospital. He concludes that the twenty-eight cases of primary tuberculosis of the pericardium, including his seven, present a uniform and characteristic clinical picture. The following points are of considerable diagnostic importance and should force one to consider this diagnosis: the presence in (1) elderly individuals, of (2) cardiac failure, otherwise unexplained, which progresses relentlessly, without ever receding or responding to treatment, to a fatal termination within a few months, and is associated with (3) a persistent, unexplained fever.

#### BOOK REVIEWS

*Practical Psychology and Psychiatry.* By C. B. Burr, M. D. Sixth Edition. Pp. 380. Cloth. Price \$2.75. Philadelphia: F. A. Davis Company, 1930.

Dr. Burr writes a very clear and concise book, which can be readily understood by those who have had no preliminary work in psychology, neurology, or psychiatry. At times one feels that he is apt to become highly theoretical in his statements, but his theory seems to have good foundations. Dr. Burr is inclined to hold to the older theories of psychology, and at times his statements are not well founded, particularly his statement that the child first is unconscious of its own interests or its own individuality. He refers to "its" in the third person, viz. "Johnnie wants it," "Mamie wants it"—the ego I is not present. One wonders if he is taking into consideration the fact that the child probably has not learned to connect the term I with his ego, although he is addressed as Mamie or Johnnie and the cause is merely due to a lack of association of words with the ego or lack of knowledge, rather than due to the fact that the ego is not present. Throughout the book one occasionally finds such statements which can be questioned, however, all psychology seems to be full of these, no matter what school one is inclined to follow.

The section on insanity is very clear and



well differentiated. Dr. Burr uses a much more detailed classification than is ordinarily found in simpler text books, but one is inclined to feel that this clarifies the psychosis, in the way in which he handles it, rather than making it more complex. The chapter on the nursing of psychotics was particularly interesting, and from the writer's viewpoint one of the best which he has read.

**Nursing in Nervous Diseases.** By James W. McConnell, M. D., Associate Professor of Neurology, Graduate School of Medicine, University of Pennsylvania. Pp. 153. Cloth. Price \$1.50. Philadelphia: F. A. Davis Company, 1932.

We find that Dr. McConnell has written a very clear, concise book on the nursing in nervous diseases. It is a book which should be read not only by nurses who are taking a special course in nervous and mental diseases, but will be of value to those who are in general training. He has made readily understandable the neurological terminology, and the description of the intricate nervous system can be readily understood by any reader who is not already familiar with it.

One is inclined to regret that more space has not been given to nursing in the actual psychoses. However, the section on nursing the various neurological conditions is well and carefully handled.

We feel that this book is of great value to those who are teaching this subject to nurses, and to the student nurses who are studying the care of the organic nervous diseases. In fact, we regard it so highly that we shall include it among the text books to be used in the Delaware State Hospital.

**History of Dermatology.** By William Allen Pusey, M. D., Emeritus Professor of Dermatology, University of Illinois. Pp. 223, with illustrations. Cloth. Baltimore: Charles C. Thomas, 1933.

The author takes great pains to separate the subject of history from a discussion of the generally known diseases. This is a work of great interest to the dermatologist. The text is well written and easy to read. As the author leads the reader down through the years, he becomes interested to know how these great minds work, and how slowly diseases become fixed entities.

The chapter on modern dermatology is very enlightening, and quite convincingly shows how much is still unknown about the subject. The author urges dermatologists to carry on. This is a splendid book for historical reference.

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## 1789—MEDICAL SOCIETY OF DELAWARE—1933

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## WOMAN'S AUXILIARY

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## NEW CASTLE COUNTY MEDICAL SOCIETY—1933

*Meets the Third Tuesday*

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 EDWARD M. VAUGHAN, *Vice-President*, Middletown.  
 DOUGLAS T. DAVIDSON, *Secretary*, Claymont.

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Necrology Committee: L. B. Flinn, Verna Stevens, E. R. Miller.

Nomination Committee: C. M. Hanby, J. W. Bastian, A. J. Gross.

Audits Committee: L. W. Anderson, R. T. LaRue, J. H. Mullin.

Credit Bureau Committee: P. R. Smith, I. L. Chipman, B. M. Allen.

Public Relations Committee: A. J. Strikol, G. C. McElfatrick, Alexander Smith.

Medical Economics Committee: W. E. Bird, W. O. LaMotte, A. J. Strikol, J. P. Wales, Ira Burns.

## DELAWARE ACADEMY OF MEDICINE—1933

LEWIS B. FLINN, *President*  
 CHARLES E. WAGNER, *First Vice-President*

E. HARVEY LENDERMAN, *Second Vice-President*

JOHN H. MULLIN, *Secretary*

WILLIAM H. KRAEMER, *Treasurer*

Board of Directors: W. S. Carpenter, S. D. Townsend, H. P. Scott, W. G. Spruance, F. G. Tallman.

## KENT COUNTY MEDICAL SOCIETY 1933

*Meets the First Wednesday*

JAMES MARTIN, *President*, Magnolia.

E. RICHMOND STEELE, *Vice-President*, Dover.

JOSEPH BRINGHURST, *Secretary-Treasurer*, Felton.

Delegates: O. V. James, C. J. Prickett, I. J. MacCollum.

Censors: S. M. D. Marshall, W. J. Marshall, W. C. Deakne.

## DELAWARE STATE BOARD OF HEALTH—1933

W. P. Orr, M. D., *President*, Lewes;  
 Mrs. Charles Warner, *Vice-President*, Wilmington; Robert Ellegood, M. D., *Secretary*, State Road; Willard R. Pierce, M. D., Milford; Mrs. Frank G. Tallman, Wilmington; Margaret I. Handy, M. D., Wilmington; Mrs. Arthur Brewington, Delmar; C. R. Jeffers, D. D. S., Wilmington; Arthur C. Jost, M. D., *Executive Secretary and Registrar of Vital Statistics*, Dover.

## DELAWARE STATE DENTAL SOCIETY—1933

D. J. CASEY, *President*, Wilmington.  
 D. C. PETERS, *Vice-President*, Wilmington.

MORRIS GREENSTEIN, *Secretary*, Wilmington.

P. A. TRAYNOR, *Treasurer*, Wilmington.  
 F. M. HOOPES, *Librarian*, Wilmington.

Councilors: H. C. Watson, Wilmington; C. F. Pierce, Wilmington; J. C. Wiltbank, Milton.

Delegate to A. D. A.: D. J. Casey, Wilmington; Alternate: J. P. Wintrup, Wilmington.

## SUSSEX COUNTY MEDICAL SOCIETY—1933

*Meets the Second Thursday*

J. P. WAPLES, *President*, Georgetown.

R. B. HOPKINS, *Vice-President*, Milton.

C. L. HUDBURG, *Secretary-Treasurer*, Georgetown.

Delegates: J. B. Waples, G. V. Wood, G. Metzler, Jr.

Censors: W. F. Haines, G. V. Wood, W. T. Jones.

Program Committee: Bruce Barnes, James Beebe, K. J. Hocker.

Nomination Committee: R. C. Beebe, G. E. James, U. W. Hocker.

Historian: Catherine Gray.

## DELAWARE PHARMACEUTICAL SOCIETY—1933

THOMAS S. SMITH, *President*, Wilmington.

GEORGE W. RHODES, *Vice-President for New Castle County*, Newark.

HARRY VANE, *Vice-President for Kent County*, Dover.

ARTHUR H. MORRIS, *Vice-President for Sussex County*, Lewes.

ALBERT DOUGHERTY, *Secretary*, Wilmington.

PETER T. BIENKOWSKI, *Treasurer*, Wilmington.

Board of Directors: Harry E. Culver, Thomas S. Smith, Albert Bunin, Walter R. Keys, Albert S. Williams.

Legislative Committee: Thos. Donaldson, Wilmington; O. H. Miller, Wilmington; O. C. Draper, Wilmington; H. E. Culver, Middletown; W. R. Keys, Clayton; J. W. Wise, Dover; H. J. Pettyjohn, Milford; G. E. Swain, Georgetown; A. H. Morris, Lewes.

